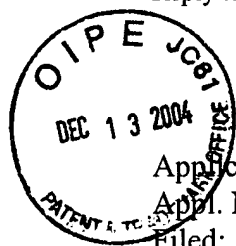


Application No. 10/054,487
Reply to Office Action of September 8, 2004

2856
JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants: Lauman et al.
App. No.: 10/054,487
Filed: Jan. 22, 2002
Title: CAPACITANCE FLUID VOLUME MEASUREMENT
Art Unit: 2856
Conf. No. 5579
Examiner: R. Frank
Docket No.: DI-5765 (112713-147)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

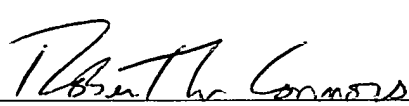

AMENDMENT

Sir:

In response to the Office Action dated September 8, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 12 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): Lauman et al.					DI-5765	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/054,487	January 22, 2002	R. Frank	29200	2856	5579	
Invention: CAPACITANCE FLUID VOLUME MEASUREMENT						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	73 -	73 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	12 -	12 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____						
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818						
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.						
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: December 8, 2004			
Robert W. Connors (Reg. No. 46,639) Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690-1135 Tel: (312) 807-4214			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 12/08/2004 (Date)  Signature of Person Mailing Correspondence Heather Foster Typed or Printed Name of Person Mailing Correspondence</div>			
CC:						